

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/02/2018 17:08
Date Of Accident	21/02/2018 15:00
Exact Location Of Accident	JUNC TUAS AVE 1 & TUAS WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5065R
Insured/Policyholder	
Name Of Registered Owner	TEE SOON SIANG JASON
NRIC No	S8180434F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93202722
Alternative Phone No	OFFICE-93202722

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU002638
Cover Note Number	

Driver

Name of Driver	TAPIA ROBERTO JR DOINOG
Passport No/FIN	G6394164L
Date Of Birth	14/12/1978
Occupation	INDOOR
Date Of Driving Pass	03/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86888253
Fax Number	
Contact Number	OFFICE-86888253
Email Address	NOEMAIL

Address	BLK 506B SERANGOON NORTH AVENUE 4 #06-426
Postcode	552506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180221/2139.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9372Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAPIA ROBERTO JR DOINOG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW5065R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

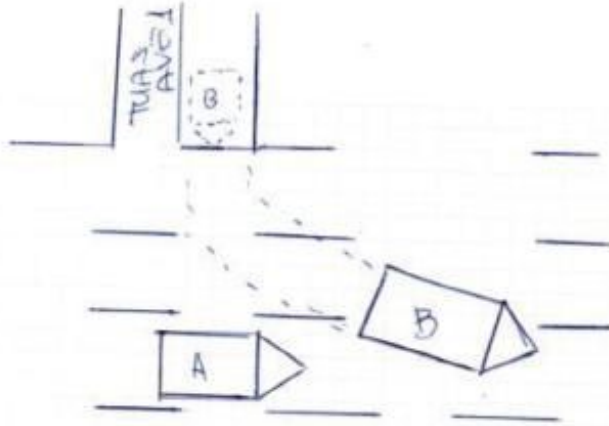
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



(A) SIW 5065R

(B) Y N 93724

(THAS WEST RD)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature _____
(if driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180221/2139

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180221/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 17:32		Vide Report No.: J/20180221/0120		Station Diary No.: 142
Informant's Particulars				
Name of Informant: TAPIA ROBERTO JR DOINOG		Address: APT BLK 506B SERANGOON NORTH AVENUE 4 #06-426 SINGAPORE 552506		
ID Type / ID No.: FIN NO / G6394164L		Contact No.: Home/Office: Mobile: 86888253		
Nationality: FILIPINO		Email:		
Sex: Male	Age: 39	Date of Birth: 14/12/1978	Type of Informant: Driver	
Race: Filipino		Language:	Institution / School Name:	
Occupation: TECHNICAL SALES COORDINATOR		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2018 15:00	Type of Location: Straight Road
Location: TUAS WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW5065R	Car				Slightly Damaged	0
YN9372Y	Lorry				Slightly Damaged	0

Police Report



**SINGAPORE
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T/20180221/2139

2 of 3

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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180221/2139

CONTINUATION OF REPORT

Brief Details.

On the 21/02/2018 at about 1500hrs along Tuas West Drive, I was driving SJW5065R on lane 1. The lorry, YN9372Y, was coming into lane 1 from lane 2. The lorry was moving very fast and I could not stop in time and hit onto the rear of the lorry. Both of our vehicle then swerve to the other side of the road. There is no camera installed in my vehicle. The front left headlight and screen was damaged.

TP IO in charge- Imran, contact number: 65476365

Police Report



**SINGAPORE
POLICE FORCE**



T/20180221/2139

3 of 3

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Ilanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180221/2139

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
Sgt 2 MOK XIU QING, ESTHER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/02/2018 17:32

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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